Texas Department of Insurance, Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address: WOODROW W. JANESE, M.D. 13303 CHAMPION FOREST DRIVE, BLDG. #4 HOUSTON, TX 77069	MFDR Tracking #:	M4-09-A671-01
Respondent Name and Box #: NATIONAL AMERICAN INSURANCE CO Box #: 01		

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

The Requestor did not submit a Position Statement.

Principle Documentation:

1. DWC 060
2. Total Amount Sought $800.00

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

The Respondent did not submit a response to the Medical Fee Dispute Resolution Request.

Principle Documentation:

1. None

PART IV: SUMMARY OF FINDINGS

Date(s) of Service	Denial Code(s)	Disputed CPT Codes	Amount in Dispute	Amount Due
07/19/2005	Unknown	99456-W5 99456-W5 99456-W5	$800.00	$0.00
Total Due:				$0.00

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

1. Medical Fee Dispute Resolution (MFDR) received the DWC 060 on July 24, 2009. The date of service in dispute is July 19, 2005. Rule 133.307 (c) (1) (A), states, "(c) Requests. Requests for medical dispute resolution (MDR) shall be filed in the form and manner prescribed by the Division. Requestors shall file two legible copies of the request with the Division. (1) Timeliness. A requestor shall timely file with the Division's MDR Section or waive the right to MDR. The Division shall deem a request to be filed on the date the MDR Section receives the request. (A) A request for medical fee dispute resolution that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute." The dispute was filed after the one year filing deadline.
2. In addition, the DWC060 request submitted by the Requestor did not meet the provisions of Rule 133.307 (c) (1) (2). The following information was not included with the DWC060 Request received by MFDR on July 24, 2009.
   - Send or deliver two copies of dispute to the TDI-MFDR Section.
   - Your request must be filed with TDI-DWC MFDR Section no later than one year after the date(s) of service in dispute (For exceptions see 28 Texas Administrative Code (TAC) §133.307).
   - The TDI-DWC shall deem a request to be filed on the date the TDI-DWC MFDR Section receives the request.
   - A copy of all medical bill(s) as originally submitted to the carrier.
   - A copy of all medical bill(s) submitted to the insurance carrier for reconsideration in accordance with TAC §133.250 (Reconsideration of Payment of Medical Bills).
   - A copy of each explanation of benefits (EOB).

- If no EOB, convincing documentation providing evidence of insurance carrier receipt of the request for an EOB.
- A position statement of the disputed issue(s).

3. The Division concludes that this dispute was not eligible for review due to the deficient submission and the untimely filing of the MFDR request. As a result, the amount ordered is $0.00.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Sec. §413.011(a-d), §413.031 and §413.0311
Rule 133.307

PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. §413.031, the Division has determined that the Requestor is entitled to $0.00 reimbursement.

		December 3, 2009
Authorized Signature	Medical Fee Dispute Resolution Officer	Date

PART VIII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed $2,000. If the total amount sought exceeds $2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.